

**BAKER BOTTS LLP**

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 35045-PCT-USA

First Named Inventor Giaccia

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND COMPOSITIONS FOR REGULATING ADIPOGENESIS**

*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **02/28/2003**

as United States Application Number or PCT (international)

Application Number **PCT/US 03/06360** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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**BAKER BOTTS LLP****DECLARATION — Utility or Design Patent Application****Claim for Benefit of Prior U.S. Provisional Application(s)**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date
60/360,689	February 28, 2002

**Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120**

*(complete this part only if this is a divisional, continuation or C-I-P application)*

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)

**BAKER BOTTS LLP**

Attorney Docket Number

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number 21003 OR ☒ Correspondence address below  
or Bar Code Label

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City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Amato J.  
(first and middle (if any))Family Name Giaccia  
or SurnameInventor's  
Signature Amato J. GiacciaDate 2/11/05Stanford  
Residence: CityCA  
StateU.S.A.  
CountryU.S.A.  
CitizenshipMailing Address 856 Esplanada WayStanford  
CityCA CA  
State94305  
ZIPU.S.A.  
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Zhong  
(first and middle (if any))Family Name Yun  
or SurnameInventor's  
Signature

Date

Redwood City  
Residence: CityCA CA  
StateU.S.A.  
CountryChina  
CitizenshipMailing Address 1587 Gordon Street, Apt. #8Redwood City  
CityCA  
State94061  
ZIPU.S.A.  
Country☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Giaccia

Group Art Unit

(Not Yet Assigned)

Examiner Name

(Not Yet Assigned)

Attorney Docket Number

35045

I hereby appoint:

☒ Practitioners at Customer Number

21003

OR

☐ Practitioner(s) named below:Place Customer  
Number Bar Code  
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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Amato J. Giaccia

Signature

Date

2/11/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

**BAKER BOTTS LLP**

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First Named Inventor

Giaccia

Group Art Unit

(Not Yet Assigned)

Examiner Name

(Not Yet Assigned)

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SIGNATURE of Applicant or Assignee of Record

Name

Zhong Yun

Signature

Date

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**BAKER BOTTS** LLP

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				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**BAKER BOTTS LLP**

Attorney Docket Number

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	21003	OR <input checked="" type="checkbox"/>	Correspondence address below
Name					
Address					
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Amato J. Given Name (first and middle (if any))		Glacda Family Name or Surname			
Inventor's Signature				Date	
Stanford Residence: City		CA State	U.S.A. Country	U.S.A. Citizenship	
856 Esplanada Way Mailing Address					
Stanford City		CA State	94305 ZIP	U.S.A. Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Zhong Given Name (first and middle (if any))		Yun Family Name or Surname			
Inventor's Signature <i>Zhong Yun</i>				Date <i>1/24/05</i>	
Redwood City Residence: City <i>Hamden</i>		CA State <i>CT</i>	U.S.A. Country <i>USA</i>	China Citizenship	
Mailing Address <del>1607 Gordon Street, Apt. #8</del> <i>187 Bear Path Road</i>					
Redwood City City <i>Hamden</i>		CA State <i>CT</i>	94004 ZIP <i>06514</i>	U.S.A. Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



**BAKER BOTTS LLP**Please type a plus sign (+) inside this box → **POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Giaccia
Group Art Unit	(Not Yet Assigned)
Examiner Name	(Not Yet Assigned)
Attorney Docket Number	35046

I hereby appoint:

☒ Practitioners at Customer Number

21003

Place Customer  
Number Bar Code  
Label here☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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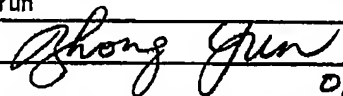
Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Zhong Yun
Signature	
Date	01/24/2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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